

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005440

STATE FILE NUMBER

AMENDED

Registration District No. 27 Primary Registration District No. 5087 Registrar's No. 56

FILED MAR 13 1962

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Howard Township</u>		c. CITY OR TOWN <u>Rich Hill</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 Mile West-Hume</u>		d. STREET ADDRESS (If outside, give location) <u>1 Mile South of Rich Hill</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>GLENN</u> Middle <u>NORMAN</u> Last <u>COPE</u>		4. DATE OF DEATH Month <u>March</u> Day <u>3</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/9/19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>trucking</u>	9. AGE (last birthday) <u>42</u>
11. BIRTHPLACE (City and state or country) <u>Jerseyville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Roy Cope</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtle Cope</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Robert Cope-Rich Hill, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic Heart Disease</u> DUE TO (c) <u>7 mos.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>7:30 P.</u> Month, Day, Year <u>Jan 1962</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Rich Hill, Mo.</u>	
20g. COUNTY <u>Bates</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>Jan 1962</u> to <u>March 3, 1962</u> and last saw her/him alive on <u>March 1, 1962</u> Death occurred at <u>7:30 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Thomas F. Boyd D.O.</u> (Degree or title)		22b. ADDRESS <u>Rich Hill, Mo.</u>	
22c. DATE SIGNED <u>3-5-62</u>		22d. LOCATION (City, town, or county) <u>Rich Hill, Missouri</u>	
23a. BURNAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>3/5/62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>		23d. LOCATION (City, town, or county) <u>Rich Hill, Missouri</u>	
24. FUNERAL DIRECTOR <u>Booth Funeral Serv-Rich Hill, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-5-62</u>	
26. REGISTRAR'S SIGNATURE <u>Norma Jean Wilson</u>		27. REGISTRAR'S SIGNATURE <u>Norma Jean Wilson</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 13 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John L. Anderson*

Licensed Embalmer No.

3585

P. O. Address

Butler Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.